



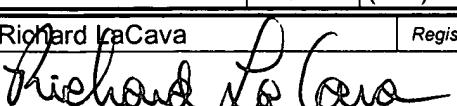
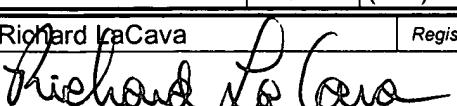
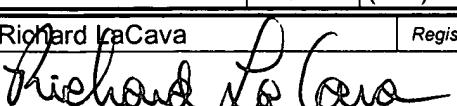
13281 U.S.P.T.O.

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> M1071.1880/P1880 <b>First Inventor</b> Takatoshi Kato <b>Title</b> HIGH-FREQUENCY OSCILLATION APPARATUS, RADIO APPARATUS, AND RADAR <b>Express Mail Label No.</b> U.S.P.T.O. <small>17548 U.S.P.T.O. 10757594</small>																								
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 24]</span> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 8]</span> 5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets 2]</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 18 completed)</i>            i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> </li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>																								
<b>ACCOMPANYING APPLICATION PARTS</b>		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="border: 1px solid black; padding: 2px;">[ ]</span> Power of Attorney 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> ) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of Cited References 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or its equivalent.</i> 17. <input type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">[ ]</span>																								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ <i>Prior application information: Examiner _____ Art Unit: _____</i> <b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																										
<b>19. CORRESPONDENCE ADDRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 25%; padding: 5px;">32172</td> <td style="width: 25%; padding: 5px;"><input checked="" type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="2">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP Steven I. Weisburd</td> </tr> <tr> <td>Address</td> <td colspan="2">1177 Avenue of the Americas 41st Floor</td> </tr> <tr> <td>City</td> <td>New York</td> <td>State NY Zip Code 10036-2714</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone (212) 835-1400 Fax (212) 997-9880</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Richard LaCava</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Date</td> <td>January 15, 2004</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number:	32172	<input checked="" type="checkbox"/> Correspondence address below	Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd		Address	1177 Avenue of the Americas 41st Floor		City	New York	State NY Zip Code 10036-2714	Country	US	Telephone (212) 835-1400 Fax (212) 997-9880	Name (Print/Type)	Richard LaCava		Signature				Date	January 15, 2004
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 810.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Takatoshi Kato
Examiner Name	
Art Unit	
Attorney Docket No.	M1071.1880/P1880

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **50-2215**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$ 40.00)</b>	

**SUBTOTAL (1) (\$ 770.00)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	18	-20** =	<input type="text"/> x <input type="text"/> = <input type="text"/>
Independent Claims	3	-3** =	<input type="text"/> x <input type="text"/> = <input type="text"/>
Multiple Dependent			<input type="text"/> = <input type="text"/>

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$ 0.00)</b>		

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Richard LaCava	Registration No. (Attorney/Agent)	41,135	Telephone (212) 896-5484
Signature			Date	January 15, 2004